



GUIDELINES AND RECOMMENDATIONS

Infection Control Measures for Preventing and Controlling Influenza Transmission in Health-Care Facilities

Introduction

Influenza is a common cause of respiratory illness requiring outpatient health-care visits and hospitalization. During the influenza season, outbreaks of health-care-associated influenza affect both patients and personnel in chronic care facilities and hospitals. This document provides infection control guidance for prevention and control of influenza transmission in health-care facilities.

Transmission

Influenza transmission occurs predominantly by large respiratory droplets (particles $>5\ \mu$ in diameter) that are expelled from the respiratory tract during coughing or sneezing. Particles usually do not remain suspended in the air, and close contact (<3 feet) usually is required for transmission. Transmission also occurs through direct contact with respiratory droplets or secretions, followed by touching the nose or mouth.

Prevention and Control Measures

Strategies for the prevention and control of influenza in health-care facilities include the following: influenza immunization for persons at high risk for complications, immunization for health-care workers, Respiratory Hygiene/ Cough Etiquette programs, Standard Precautions and Droplet Precautions, and visitor and worker restrictions.

Encourage persons at high risk for complications and health-care workers to receive [influenza immunization](#) according to national recommendations.

- Immunization is the primary measure to prevent influenza, limit transmission of influenza, and prevent complications from influenza.
- Influenza immunization is recommended before or during the influenza season for the following persons who are at [increased risk for complications](#) from influenza: children aged 6-23 months, adults aged ≥ 65 years, pregnant women in their second or third trimester during influenza season, and persons aged ≥ 2 years with certain underlying chronic conditions.
- Priority should be given for vaccinating persons at greatest risk for transmission of disease to persons at high risk for complications, including household contacts and health-care personnel.
- Use of inactivated influenza vaccine is preferred for vaccinating health-care workers taking care of severely immunocompromised patients because of concerns of potential risk for transmission of vaccine virus from recipients of [live attenuated influenza vaccine](#) to severely immunosuppressed contacts.

Infection Control Measures

In addition to influenza immunization, the following infection control measures are recommended to prevent person-to-person transmission of influenza and to control influenza outbreaks in health-care facilities:

Infection Control Measures for Preventing and Controlling Influenza Transmission in Health-Care Facilities (continued from previous page)

- **Respiratory Hygiene/Cough Etiquette**

Respiratory Hygiene/Cough Etiquette programs should be implemented at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in health-care settings, including influenza. A Respiratory Hygiene/Cough Etiquette program includes posting visual alerts instructing patients and persons who accompany them to inform health-care personnel if they have symptoms of respiratory infection; providing tissues to patients and visitors to cover their mouth and nose when coughing and sneezing; providing dispensers of alcohol-based hand rubs; ensuring that supplies for handwashing are available where sinks are located; offering masks to persons who are coughing; encouraging coughing persons to sit at least 3 feet away from others; and having health personnel observe Droplet Precautions in addition to Standard Precautions.

- **Standard Precautions**

During the care of a patient with suspected or confirmed influenza:

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is expected.
- Wear a gown if soiling of clothes with patient's respiratory secretions is expected.
- Change gloves and gowns after each patient encounter and perform hand hygiene.
- Decontaminate hands before and after touching the patient, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn.
- When hands are visibly soiled or contaminated with respiratory secretions, wash hands with either a non-antimicrobial or an antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in clinical situations. Alternatively, wash hands with an antimicrobial soap and water.

- **Droplet Precautions**

In addition to Standard Precautions, observe Droplet Precautions during the care of a patient with suspected or confirmed influenza:

- Place patient into a private room. If a private room is not available, place (cohort) suspected influenza patients with other patients suspected of having influenza; cohort confirmed influenza patients with other patients confirmed to have influenza. Scientific evidence is insufficient to make a recommendation upon the routine use of negative-pressure rooms for influenza patients.
- Wear a surgical mask upon entering the patient's room or when working within 3 feet of the patient. Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
- If patient movement or transport is necessary, have the patient wear a surgical mask, if possible.

- **Visitor and Worker Restrictions**

- Discourage persons with symptoms of a respiratory infection from visiting patients.
- Exclude health-care personnel with symptoms of respiratory infection from work for the duration of illness.

- **Control of Influenza Outbreaks in Health-Care Settings**

When influenza outbreaks occur in health-care settings, additional measures should be taken to limit transmission. These include:

- Identify influenza as the causative agent, early in the outbreak, by performing rapid influenza virus testing of patients with recent onset of symptoms suggestive of influenza. In

Infection Control Measures for Preventing and Controlling Influenza Transmission in Health-Care Facilities (continued from previous page)

addition, obtain viral cultures from a subset of patients to determine the infecting virus type and subtype.

- Implement Droplet Precautions for all patients with suspected or confirmed influenza.
- Separate suspected or confirmed influenza patients from asymptomatic patients.
- Restrict staff movement between units and buildings.
- For all patients without influenza illness in the involved unit and for whom the antiviral agent is not contraindicated, administer influenza antiviral prophylaxis according to current recommendations.
- Administer influenza antiviral therapy to patients acutely ill with influenza, within 48 hours of onset of illness.
- Administer current inactivated influenza vaccine to unvaccinated patients and health-care personnel.
- Offer influenza antiviral prophylaxis to unvaccinated personnel for whom the antiviral agent is not contraindicated and who work in the affected unit or who are taking care of high-risk patients.
- Consider prophylaxis for all health-care personnel, regardless of their vaccination status, if the outbreak is caused by a variant of influenza that is not well matched by the vaccine.
- Curtail or eliminate elective medical and surgical admissions and restrict cardiovascular and pulmonary surgery to emergency cases only, when influenza outbreaks, especially those characterized by high attack rates and severe illness, occur in the community or acute care facility.

Prevention and Control of Influenza in [Peri- and Postpartum Settings](#)

Pregnant women are at increased risk of hospitalization from influenza complications. Interim recommendations on preventing influenza transmission between infected mothers and their infants have been developed to provide guidance to clinicians and public health officials and will be updated over time as more information becomes available.

Resources

The following are resources for information about preventing the spread of influenza in health-care facilities:

- [Questions and Answers About Detection and Control of Influenza Infection in Acute Care Facilities](#)
- [Respiratory Hygiene/Cough Etiquette](#)
- [Isolation Guideline](#)
- [Pneumonia Guideline](#)
- [Infection Control in Health-Care Personnel](#)
- [Control of Influenza Outbreaks in Institutions](#)
- [Prevention and Control of Influenza in the Peri- and Postpartum Settings](#)
- [Preventing Opportunistic Infections in HCST/Bone Marrow Transplant Recipients](#)
- [Settings Where High-Risk Persons and Their Contacts May Be Targeted For Vaccination](#)
- [Health-Care Infection Control Practices Advisory Committee \(HICPAC\) Publications](#)
- Bradley SF. Prevention of influenza in long-term-care facilities. Long-Term-Care Committee of the Society for Healthcare Epidemiology of America. Infect Control Hosp Epidemiol 1999;20:629-37.

For more information, visit www.cdc.gov/flu, or call the National Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (español), or (800) 243-7889 (TTY).